



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF CHILD SUPPORT ENFORCEMENT  
**REFERRAL/INFORMATION FOR SERVICES/AC**

☐ Alternative  
Care IV-E

☐ HDN

Items on this form must be completed. If information is unknown this must be indicated. This form provides the Division of Child Support Enforcement (DCSE) with essential facts to locate an absent parent and/or enforce a support obligation.

IV D CASE NUMBER	DFS CASEWORKER NAME	COUNTY	PHONE
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I hereby certify that I am an employee of the Missouri Division of Family Services (DFS) and as such, am duly authorized to apply for parent location and support enforcement services for the child(ren) named below who is/are in the legal custody of DFS. I understand that any information shared with DCSE will be used only to locate the absent parent named below and to establish or collect a support obligation.

SIGNATURE

DATE

**ABSENT PARENT INFORMATION**

NAME (LAST) (FIRST) (MIDDLE) ALIAS

ADDRESS (CURRENT OR LAST KNOWN) (CITY) (STATE) (ZIP CODE)

DATE ADDRESS KNOWN PHONE NUMBER BIRTH DATE BIRTH PLACE

RACE SEX HEIGHT WEIGHT HAIR EYES SOCIAL SECURITY NUMBER

IS THE ABSENT PARENT NOW EMPLOYED? ☐ YES ☐ NO ☐ UNKNOWN

IF YES NAME OF EMPLOYER ADDRESS (NO. & STREET CITY, STATE, ZIP CODE)

ABSENT PARENT'S PAST EMPLOYMENT INFORMATION DATES WORKED FROM TO

IF KNOWN NAME OF PAST EMPLOYER ADDRESS (NO. & STREET CITY, STATE, ZIP CODE)

**ILD(REN) OF THIS ABSENT PARENT IN ALTERNATIVE CARE**

CHILD'S DCN	NAME	STATE OF BIRTH	DATE OF BIRTH	CHILD'S DCN	NAME	STATE OF BIRTH	DATE OF BIRTH

HAS A GOOD CAUSE DETERMINATION BEEN MADE DCSE SHOULD NOT PURSUE CHILD SUPPORT ENFORCEMENT SERVICES? ☐ YES ☐ NO

IF YES REASON

SIGNATURE OF AUTHORIZING SUPERVISOR

IF GOOD CAUSE DETERMINED, DO NOT COMPLETE REMAINDER OF REFERRAL

**MARITAL STATUS AND COURT INFORMATION**

ARE PARENTS OF THIS/THESE CHILD(REN) ☐ MARRIED? ☐ SEPARATED? ☐ DIVORCED? ☐ NEVER MARRIED?

DID ABSENT PARENT LIVE WITH CHILD(REN) IN MISSOURI? ☐ YES ☐ NO ☐ UNKNOWN

IF YES WHERE? WHEN?

IF PARENTS ARE/WERE MARRIED, GIVE DATE AND PLACE DATE PLACE

HAS DIVORCE BEEN FILED? ☐ YES ☐ NO ☐ UNKNOWN

IF YES WHERE?

IF PARENTS ARE DIVORCED, GIVE DATE AND PLACE DATE PLACE

WAS THE MOTHER OF THE CHILD(REN) MARRIED TO A MAN OTHER THAN ☐ YES ☐ NO ☐ UNKNOWN

IS ABSENT PARENT WHEN SHE BECAME PREGNANT OR WHEN

THE CHILD WAS BORN? IF YES, GIVE NAME

IS THE ABSENT PARENT NOW MARRIED TO SOMEONE ELSE? ☐ YES ☐ NO ☐ UNKNOWN

IF YES, GIVE SPOUSE'S NAME

HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A JUVENILE COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES, ATTACH COPY OF COURT ORDER AND COMPLETE COURT INFORMATION	COURT NAME	DATE OF ORDER
	ORDER NUMBER	AMOUNT PER CHILD \$ FREQUENCY

DOES THIS ABSENT PARENT PAY CHILD SUPPORT? ☐ YES ☐ NO ☐ REGULARLY ☐ SOMETIMES ☐ UNKNOWN

IF YES AMOUNT \$ /WK TO WHOM? \$ /MO

**COMPLETE THE FOLLOWING IF PARENTS WERE NOT MARRIED WHEN CHILD(REN) WAS/WERE BORN** (DISREGARD IF REFERRAL IS FOR MOTHER OF CHILD(REN).)

HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES, ATTACH A COPY OF COURT ORDER AND COMPLETE COURT INFORMATION	COURT NAME	DATE OF ORDER
	ORDER NUMBER	
IF PATERNITY HAS NOT BEEN LEGALLY ESTABLISHED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
HAS THE ALLEGED FATHER EVER CLAIMED THE CHILD(REN) AS HIS? IF YES TO WHOM	NAME(S)	
	ADDRESS(ES)	
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ABSENT PARENT, MIGHT BE THE FATHER OF THE CHILD(REN)? IF YES EXPLAIN BELOW	NAME	
	ADDRESS	

**FINANCIAL AND SOCIAL INFORMATION**

IS THE ABSENT PARENT PRESENTLY ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	NAME OF SCHOOL	ADDRESS
DOES THE ABSENT PARENT BELONG TO A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	UNION NAME	LOCAL NO.
DOES THE ABSENT PARENT OWN ANY REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	LOCATION (CITY)	COUNTY STATE
DOES THE ABSENT PARENT OWN ANY PERSONAL PROPERTY? (CAR, BOAT, LIVESTOCK, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	LIST SPECIAL ITEMS OF PERSONAL PROPERTY OWNED	
DOES THE ABSENT PARENT HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSION? (UNEMPLOYMENT, ETC.) IF YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
	SOURCE	AMOUNT HOW OFTEN?
DOES THE ABSENT PARENT HAVE A BANK ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	NAME OF BANK	ADDRESS ACCOUNT NUMBER
DOES THE ABSENT PARENT HAVE MEDICAL AND/OR LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	INSURANCE COMPANY NAME AND ADDRESS	
	POLICY NUMBER	
IS/ARE THE CHILD(REN) INCLUDED UNDER THE MEDICAL COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IS THE ABSENT PARENT IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	BRANCH OF SERVICE	LAST KNOWN STATION (LOCATION)
IS THE ABSENT PARENT IN JAIL OR PRISON NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	JAIL OR PRISON LOCATION	DATE IMPRISONED EXPECTED RELEASE DATE
IS THE ABSENT PARENT ON PAROLE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF YES	NAME OF PAROLE OFFICER	ADDRESS
WHAT ARE THE NAMES AND ADDRESSES OF ABSENT PARENT'S FATHER AND MOTHER? <input type="checkbox"/> UNKNOWN		
	FATHER'S NAME	ADDRESS
	MOTHER'S NAME (MAIDEN)	ADDRESS

PLEASE PROVIDE ANY OTHER INFORMATION ABOUT THIS PARENT